

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2014 To: M M / D D / Y Y Y Y Y Y
02 28 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		360509.30
(b) Cash on Hand at Beginning of Reporting Period.....	448565.05	
(c) Total Receipts (from Line 19)	56365.02	145594.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	504930.07	506104.11
7. Total Disbursements (from Line 31)	162000.00	163174.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	342930.07	342930.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
02 01 2014

To:

M M / D D / Y Y Y Y Y
02 28 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

36827.50

93927.81

(ii) Unitemized

19537.52

51667.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

56365.02

145594.81

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

56365.02

145594.81

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

56365.02

145594.81

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

56365.02

145594.81

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	162000.00	163500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	14.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	14.04
29. Other Disbursements	0.00	-340.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	162000.00	163174.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	162000.00	163174.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	56365.02	145594.81
34. Total Contribution Refunds (from Line 28(d))	0.00	14.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56365.02	145580.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WAYNE COOK

Mailing Address 1200 PEBBLE HILL ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901-3007

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1159812832797

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID WICHMANN

Mailing Address 7000 ANTRIM ROAD

City

EDINA

State

MN

Zip Code

55439-1708

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Pres UHG Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1159814732797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICK ERLANDSON

Mailing Address 1000 OLD LONG LAKE ROAD

City

WAYZATA

State

MN

Zip Code

55391-9690

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1159815932797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

889.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PATRICIA SAURO

Mailing Address 8943 HIDDEN MEADOW R

City
WOODBURY

State Zip Code
MN 55125-9138

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP UnitedHlthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 28 2014

Transaction ID : PR1159816432797

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City
WAYZATA

State Zip Code
MN 55391-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 28 2014

Transaction ID : PR1159816632797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN PENSHORN

Mailing Address 120 BLACK OAKS LANE

City
WAYZATA

State Zip Code
MN 55391-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 28 2014

Transaction ID : PR1159816932797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

704.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 72

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PAUL KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1159817432797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TIMOTHY RYAN

Mailing Address 4913 BRUCE AVE

City

EDINA

State

MN

Zip Code

55424-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1159817932797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS QUIRK

Mailing Address 4307 BEECHWOOD LANE

City

DALLAS

State

TX

Zip Code

75220-1909

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1159819132797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

394.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD MIGLIORI

Mailing Address PO BOX 72

City

WAYZATA

State

MN

Zip Code

55391-0072

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1159827432797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEANNINE RIVET

Mailing Address 4305 TRILLIUM WAY

City

MINNETRISTA

State

MN

Zip Code

55364-7708

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1159830032797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City

MCLEAN

State

VA

Zip Code

22102-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1332013232797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

969.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL MATTEO

Mailing Address 25 JEREMIAHS WAY

City State Zip Code
 SOUTH GLASTONBURY CT 06073-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Chief Growth Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1551133432797

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City State Zip Code
 LONG LAKE MN 55356-9690

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Recruiting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1551161332797

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LOIS WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City State Zip Code
 EDEN PRAIRIE MN 55347-4452

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1551161432797

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

504.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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PAGE 11 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1554323532797

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KAREN ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1575957632797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City

NEW HOPE

State

PA

Zip Code

18938-5622

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1575958132797

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

648.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LEE VALENTA

Mailing Address 4701 GOLF TERRACE

City
EDINA

State
MN

Zip Code
55424-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Pres Lif Scis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1575958532797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City
MINNEAPOLIS

State
MN

Zip Code
55405-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
UHC Chief Cnsmr Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1580864732797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT WEBB

Mailing Address 4516 DREXEL AVENUE

City
EDINA

State
MN

Zip Code
55424-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1580865332797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

969.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD HUGHES

Mailing Address 735 SAINT MORITZ

City
VICTORIA

State Zip Code
MN 55386-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Human Capital Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR1596304132797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THAD JOHNSON

Mailing Address 16848 STIRRUP LN

City
EDEN PRAIRIE

State Zip Code
MN 55347-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR1596304332797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DANIEL SCHUMACHER

Mailing Address 11582 RASPBERRY HILL ROAD

City
EDEN PRAIRIE

State Zip Code
MN 55344-3268

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Mkt Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR1596305432797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

784.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City
EDINA

State
MN

Zip Code
55424-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1596307032797

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL ROSENTHAL

Mailing Address 109 SLEEPY HOLLOW LANE

City
ORINDA

State
CA

Zip Code
94563-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1596317332797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KEVIN RUTH

Mailing Address 16621 ALEXANDER MANOR DRIVE

City
SILVER SPRING

State
MD

Zip Code
20905-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1596317432797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

604.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL MICHAUX

Mailing Address 742 GOODRICH AVE

City

SAINT PAUL

State

MN

Zip Code

55105-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP GM PCM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1600598532797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LEWIS SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City

EDINA

State

MN

Zip Code

55424-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Clin Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1600598732797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MATTHEW PETERSON

Mailing Address 20595 SPENCER LANE

City

EXCELSIOR

State

MN

Zip Code

55331-4523

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR1602669932797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code
EDEN PRAIRIE MN 55347-1078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1613243532797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEVE KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code
EDINA MN 55435-4150

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1653443232797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SB RVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1653444332797

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

692.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ALISTAIR JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City
WAYZATA

State Zip Code
MN 55391-9684

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Bus Segment CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1653445232797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. MILES SNOWDEN

Mailing Address 3412 KNOLLWOOD DRIVE

City
ATLANTA

State Zip Code
GA 30305-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Chief Med Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1746717832797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CATHERINE ANDERSON

Mailing Address 37 W 2000 S

City
DRIGGS

State Zip Code
ID 83422-4874

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Bus Dvlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1903550732797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

963.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SUSAN EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City
WOODBURY

State
MN

Zip Code
55125-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1903578132797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN SANTELLI

Mailing Address 20030 EXCELSIOR BLVD

City
EXCELSIOR

State
MN

Zip Code
55331-8727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR1903622032797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN BERKEL

Mailing Address 10 SHADOW GLEN

City
IRVINE

State
CA

Zip Code
92620-0204

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2119468132797

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

784.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **LESLIE CARTER**

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code
 HUNTINGTON BEACH CA 92648-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2119470332797

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **DAVID HANSEN**

Mailing Address 33 VIA CONOCIDO

City State Zip Code
 SAN CLEMENTE CA 92673-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2119476732797

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **SAMUEL HO**

Mailing Address 4220 OCEAN DR

City State Zip Code
 MANHATTAN BEACH CA 90266-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Mkt Grp Chief Clin Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2119477932797

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

769.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN JONES

Mailing Address 3562 REDWOOD

City
IRVINE

State
CA

Zip Code
92606-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2119479232797

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AUSTIN PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408-3868

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres Ntwks

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2119486732797

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CYNTHIA POLICH

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Strat Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2119486832797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

662.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEVEN TUCKER

Mailing Address 12331 COUNTRY LANE

City
SANTA ANA

State Zip Code
CA 92705-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2119492032797

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. FORREST BURKE

Mailing Address 380 LEAF STREET

City
ORONO

State Zip Code
MN 55356-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2133132432797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN MORISATO

Mailing Address 238 ARDMORE ROAD

City
DES PLAINES

State Zip Code
IL 60016-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres Insurance Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2133133832797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

778.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code
 MINNEAPOLIS MN 55419-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP Financial Plng Anlys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2133134232797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANNETTE SMITH

Mailing Address 7475 FLYING CLOUD DRIVE #402

City State Zip Code
 EDEN PRAIRIE MN 55344-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2145729932797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARGARET SPARKS

Mailing Address 44 TOPANGA

City State Zip Code
 IRVINE CA 92602-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2145730232797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

870.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID SPIVACK

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
 IRVINE CA 92603-0212

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2162867632797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHRISTINE GIBSON

Mailing Address 8516 29TH AVE N

City State Zip Code
 NEW HOPE MN 55427-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP Strat Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2225166732797

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANDREW SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City State Zip Code
 EDINA MN 55436-1341

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2225167432797

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Hlth Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2225813632797

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ERIC RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Chief Accting Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2225819332797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROY SAILOR

Mailing Address 276 COYOTE WILLOW DRIVE

City

COLORADO SPRINGS

State

CO

Zip Code

80921-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2225819732797

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

653.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DARRELL RICHEY

Mailing Address 10823 MOORS END CIRCLE

City
FISHERS

State
IN

Zip Code
46038-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2231352332797

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL CONNLY

Mailing Address 570 MONTCALM PL

City
SAINT PAUL

State
MN

Zip Code
55116-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2247625832797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOSEPH CARCIONE

Mailing Address 11 CARRIAGE WAY

City
WHITE PLAINS

State
NY

Zip Code
10605-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2247626832797

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DENNIS O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City
COS COB

State Zip Code
CT 06807-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2247627332797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFERY VERNEY

Mailing Address 266 WESTLEDGE ROAD

City
WEST SIMSBURY

State Zip Code
CT 06092-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2247627432797

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DANIEL OHMAN

Mailing Address 8970 MOOR PARK RUN

City
DULUTH

State Zip Code
GA 30097-6621

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2247628032797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN PRINCE

Mailing Address 546 HARRINGTON ROAD

City
WAYZATA

State Zip Code
MN 55391-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2259738432797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SIMON STEVENS

Mailing Address 1716 EMERSON AVENUE SOUTH

City
MINNEAPOLIS

State Zip Code
MN 55403-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2364863232797

Amount of Each Receipt this Period

217.40

P/R Deduction (\$108.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEANNE DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City
WASHINGTON

State Zip Code
DC 20008-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Rsch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2402315932797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

511.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DIANE SOUZA

Mailing Address 3430 GALT OCEAN DRIVE
UNIT 1111

City State Zip Code
FORT LAUDERDALE FL 33308-7047

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO Spclty Bens

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2402320032797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LORI LILIENTHAL

Mailing Address 5701 S JOSH WYATT DR

City State Zip Code
SIOUX FALLS SD 57108-5225

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP UnitedHlth Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2402320232797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SHELLEY CRANLEY

Mailing Address 3801 MAURICE COURT

City State Zip Code
LAS VEGAS NV 89108-5245

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2402444432797

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

820.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMES BECKER

Mailing Address 378 FERNDALE ROAD WEST

City

WAYZATA

State

MN

Zip Code

55391-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

769.25

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2402445132797

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES COLEMAN

Mailing Address 4720 WEST 66TH STREET

City

EDINA

State

MN

Zip Code

55435-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Empl Rel

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2402445232797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES DONOVAN

Mailing Address 2816 MONTREAU DRIVE

City

FRISCO

State

TX

Zip Code

75034-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Bus Dev Mktg

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2402445332797

Amount of Each Receipt this Period

130.00

P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

637.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347-4726

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2402445632797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City State Zip Code
CHEVY CHASE MD 20815-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gov't Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2405428832797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RODNEY ARMSTEAD

Mailing Address 406 LEWELEN CIRCLE

City State Zip Code
ENGLEWOOD NJ 07631-2021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2405430232797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

962.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PETER WALSH

Mailing Address 495 HIGHCROFT ROAD

City

WAYZATA

State

MN

Zip Code

55391-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2405431132797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GAIL KOZIARA BOUDREAUX

Mailing Address 841 HOLDEN COURT

City

LAKE FOREST

State

IL

Zip Code

60045-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Gr Pres UHC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.55

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2437119532797

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City

BROOKLYN PARK

State

MN

Zip Code

55443-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2437120732797

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

698.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN COSGRIFF

Mailing Address 1837 SUMMIT LANE

City State Zip Code
MENDOTA HEIGHTS MN 55118-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2437121632797

Amount of Each Receipt this Period

398.40

P/R Deduction (\$199.20 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PETER RAINEY

Mailing Address 3115 WEST 47 STREET

City State Zip Code
MINNEAPOLIS MN 55410-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2437127532797

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBIN LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code
WASHINGTON DC 20003-4212

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2439928032797

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1013.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEPHEN HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code
 CHEVY CHASE MD 20815-3720

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2444265732797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LORI MCDUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City State Zip Code
 EXCELSIOR MN 55331-9351

FEC ID number of contributing federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2445015332797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. AMY ADLINGTON SHKABERIN

Mailing Address 4428 XERXES AVENUE S

City State Zip Code
 MINNEAPOLIS MN 55410-1417

FEC ID number of contributing federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2445016432797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

776.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARK DUHAIME

Mailing Address 5781 RUBY DRIVE

City
TROY

State
MI

Zip Code
48085-3922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2445016932797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID SIEGEL

Mailing Address 264 LAKEWOOD DRIVE

City

BLOOMFIELD HILLS

State

MI

Zip Code

48304-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.15

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2445017132797

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KARIN KEITEL

Mailing Address 3918 HAVEN ROAD

City

MINNETONKA

State

MN

Zip Code

55345-2371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2460167632797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

383.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LARRY RENFRO

Mailing Address 5 DOVE LANE

City
ANDOVER

State
MA

Zip Code
01810-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
EVP UHG CEO Optum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2460168132797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID ORBUCH

Mailing Address 3370 SYCAMORE LANE

City
PLYMOUTH

State
MN

Zip Code
55441-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2460168232797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUE SCHICK

Mailing Address 714 GREYTHORNE ROAD

City
WYNNEWOOD

State
PA

Zip Code
19096-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2480620532797

Amount of Each Receipt this Period

390.00

P/R Deduction (\$195.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

966.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARK PHILLIPS

Mailing Address 1760 LUCY RIDGE CT

City
 CHANHASSEN

State Zip Code
 MN 55317-7661

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SVP SIs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2484542632797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JERI KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City
 CINCINNATI

State Zip Code
 OH 45255-3932

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2486697832797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DIRK MCMAHON

Mailing Address 60 WILDHURST ROAD

City
 EXCELSIOR

State Zip Code
 MN 55331-8461

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2491457032797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

776.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHRYN SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City State Zip Code
 CHICAGO IL 60611-7435

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2491457532797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KARA SMITH

Mailing Address 610 CRESTWOOD DRIVE

City State Zip Code
 ALEXANDRIA VA 22302-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2540175332797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HYLLIUS EDWARDS

Mailing Address PO BOX 44246

City State Zip Code
 DENVER CO 80201-4246

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2541300432797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

678.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PATRICIA PURDY

Mailing Address 7417 LYNNHURST STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.75

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2541300632797

Amount of Each Receipt this Period

196.30

P/R Deduction (\$98.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN VERSAGGI

Mailing Address 800 ALBANY AVENUE

City

ALEXANDRIA

State

VA

Zip Code

22302-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.80

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2541300832797

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD RAMSAY

Mailing Address 543 E LURAY AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2542542232797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

488.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHANTA COMBS

Mailing Address 4229 SUMMERTREE DRIVE

City State Zip Code
TALLAHASSEE FL 32311-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Rel Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4192.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2552313532797

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFREY ALTER

Mailing Address 3 WOODLAND ROAD

City State Zip Code
PORT JEFFERSON NY 11777-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.25

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2552960232797

Amount of Each Receipt this Period

307.70

P/R Deduction (\$153.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN LOVELADY

Mailing Address 6268 ORCHARD PARK

City State Zip Code
FRISCO TX 75034-5126

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2552964232797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD THOMAS

Mailing Address 5121 DUPONT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55419-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2553475432797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code
 EDINA MN 55424-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2553475532797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KARSTEN FLAGSTAD

Mailing Address 13420 JAY ST NW

City State Zip Code
 ANDOVER MN 55304-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2554013032797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

780.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DANIEL CLUTE

Mailing Address 7756 N 85TH STREET

City State Zip Code
 OMAHA NE 68122-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : PR2560064432797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DONALD GIANCURSIO

Mailing Address 72 MIDNIGHT RIDGE DR

City State Zip Code
 LAS VEGAS NV 89135-1680

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Plan of Nevada

Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : PR2560064932797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SHELDON LIPPMAN

Mailing Address 55 CLIFFFIELD ROAD

City State Zip Code
 BEDFORD NY 10506-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : PR2560065432797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

774.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANGELA LOBERG

Mailing Address 2837 EAST PARK PLACE

City

MILWAUKEE

State

WI

Zip Code

53211-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2560065532797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFREY LUCHT

Mailing Address 191 MAIN ST

City

S GLASTONBURY

State

CT

Zip Code

06073-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2560065632797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY NOEL

Mailing Address 4408 THOMAS AVE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.22

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2560398832797

Amount of Each Receipt this Period

207.22

P/R Deduction (\$103.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

595.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHLEEN CRAMPTON

Mailing Address 2335 SOUTH OCEAN BLVD B5

City State Zip Code
PALM BEACH FL 33480-5368

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Plan Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR256321132797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JENNIFER WALSH

Mailing Address 1101 ROBERTA COURT

City State Zip Code
MCLEAN VA 22101-2114

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2564296832797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ARTHUR MILLER

Mailing Address 5009 ASHINGTON LANDING DRIVE

City State Zip Code
TAMPA FL 33647-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.35

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2564296932797

Amount of Each Receipt this Period

333.34

P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

727.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANDREW MACKENZIE

Mailing Address 1912 IRVING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55403-2823

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2564297132797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL HANSEN

Mailing Address 18430 62ND PLACE NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311-4585

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Controller Mkt Group

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2564802732797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEBRA BERNS

Mailing Address 3209 GALLERIA
UNIT 1705

City

EDINA

State

MN

Zip Code

55435-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Complnc/Ethics Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2564804032797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

588.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHRYN RUBIN

Mailing Address 310 SYCAMORE LANE

City
PLYMOUTH

State Zip Code
MN 55441-5615

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Social Resp/Pres Found

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2564804332797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WENDY ARNONE

Mailing Address N62W13531 SUNBRUST DRIVE

City
MENOMONEE FALLS

State Zip Code
WI 53051-8335

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2568900532797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS WIFFLER

Mailing Address 1421 SOMERFIELD DRIVE

City
BOLINGBROOK

State Zip Code
IL 60490-3207

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Chief Field Ops Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2572992732797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

488.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LORI VAN HOLMES

Mailing Address 4117 BRYANT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55409-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Human Capital Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

MM / DD / YYYY
 02 / 28 / 2014

Transaction ID : PR2575030932797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SANDRA NICHOLS

Mailing Address 12706 YOUNG LANE

City State Zip Code
 NORTH POTOMAC MD 20878-6112

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Shared Svs Regn CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

MM / DD / YYYY
 02 / 28 / 2014

Transaction ID : PR2575074532797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RON JONES

Mailing Address 10066 ESCAMBIA BAY CT

City State Zip Code
 NAPLES FL 34120-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Pres Prov Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
 02 / 28 / 2014

Transaction ID : PR2575163532797

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

636.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SCOTT CASSANO

Mailing Address 7607 MAPLE MEADOW STREET

City State Zip Code
 LAS VEGAS NV 89131-4665

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Health Plan of Nevada

Occupation
 Dir Prov Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2575164432797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TOM BEAUREGARD

Mailing Address 161 SPRING VALLEY ROAD

City State Zip Code
 RIDGEFIELD CT 06877-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Pres United Essentials

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

698.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2575295132797

Amount of Each Receipt this Period

409.70

P/R Deduction (\$204.85 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID WALSH

Mailing Address 2158 CARROLL AVENUE

City State Zip Code
 SAINT PAUL MN 55104-5042

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2575312732797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

709.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JERI LOSE

Mailing Address 9995 DELL ROAD

City State Zip Code
EDEN PRAIRIE MN 55347-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2575419832797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MOLLY JOSEPH

Mailing Address 2711 CRESCENT RIDGE ROAD

City State Zip Code
MINNETONKA MN 55305-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2575521732797

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL HEBERT

Mailing Address 54 GREENWOOD DRIVE

City State Zip Code
SOUTH WINDSOR CT 06074-2957

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO Spclty Bens Dntl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2575522332797

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

834.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ELIZABETH WINSOR

Mailing Address 21 THOMPSON HILL ROAD

City State Zip Code
 COLLINSVILLE CT 06019-3532

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO NA Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2575582832797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TERENCE CLARK

Mailing Address 8 COOPER AVENUE

City State Zip Code
 EDINA MN 55436-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2575636932797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BENTON DAVIS

Mailing Address 9825 NORTH 53RD PLACE

City State Zip Code
 PARADISE VALLEY AZ 85253-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP GM Clin Comnty Ntwks

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 28 2014

Transaction ID : PR2575639232797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

578.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. NANCY SUBLETTE

Mailing Address 445 CLARA
#24

City State Zip Code
SAINT LOUIS MO 63112-4507

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
PS Dir Strat Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 28 2014

Transaction ID : PR2575646932797

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ELENA MCFANN

Mailing Address 18925 24TH AVENUE NORTH

City State Zip Code
PLYMOUTH MN 55447-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn Pres

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 28 2014

Transaction ID : PR2575654732797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRADY PRIEST

Mailing Address 4401 COUNTRY CLUB RD

City State Zip Code
EDINA MN 55424-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 28 2014

Transaction ID : PR2575677232797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

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492.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER STIDMAN

Mailing Address 6504 CHEROKEE TRAIL

City
EDINA

State
MN

Zip Code
55439-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2575683832797

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. D ELLEN WILSON

Mailing Address 400 STUART STREET
25D

City
BOSTON

State
MA

Zip Code
02116-5011

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
EVP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2575708832797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM MILLER

Mailing Address 26104 WEST 108 TERRACE

City
OLATHE

State
KS

Zip Code
66061-7522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.13

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2575819832797

Amount of Each Receipt this Period

176.94

P/R Deduction (\$88.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

570.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PATRICK LANGAN

Mailing Address 405 MEADOW LANE

City
BENSON

State
MN

Zip Code
56215-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2575885032797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICHARD MATTERA

Mailing Address 483 HIGHCROFT ROAD

City
WAYZATA

State
MN

Zip Code
55391-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2575938432797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RHONDA MEDOWS

Mailing Address 7707 WISCONSIN AVENUE
APT # 530

City
BETHESDA

State
MD

Zip Code
20814-6547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Chief Med Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

02 / 28 / 2014

Transaction ID : PR2576040432797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

770.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RESTOR JOHNSON

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code
 MINNETONKA MN 55305-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : PR2576051632797

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN REX

Mailing Address 503 HARRINGTON ROAD

City State Zip Code
 WAYZATA MN 55391-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Mkt Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : PR2576060032797

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. STEVEN NELSON

Mailing Address 2542 CROSBY ROAD

City State Zip Code
 WAYZATA MN 55391-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
 02 28 2014

Transaction ID : PR2576144832797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

772.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 54 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DANIEL KENIRY

Mailing Address 5553 LITTLE FALLS ROAD

City
ARLINGTON

State Zip Code
VA 22207-1525

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gov't Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2577379332797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KATHRYN A HOPKINS

Mailing Address 1 OLD FARM ROAD

City
WELLESLEY

State Zip Code
MA 02481-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.10

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2578735232797

Amount of Each Receipt this Period

269.24

P/R Deduction (\$134.62 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEMETRIOS KOUZOUKAS

Mailing Address 15552 57TH PLACE N

City
PLYMOUTH

State Zip Code
MN 55446-3737

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2578740432797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

846.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 55 OF 72

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LAURA CIAVOLA

Mailing Address 1686 WILDFIRE LANE

City
FRISCO

State
TX

Zip Code
75033-7325

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2578824332797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LAURA GROSCHE

Mailing Address 3872 KENNET CIRCLE

City
EAGAN

State
MN

Zip Code
55123-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2595230932797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARIANNE SHORT

Mailing Address 2215 SUMMIT AVENUE

City
SAINT PAUL

State
MN

Zip Code
55105-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

MM / DD / YYYY
02 / 28 / 2014

Transaction ID : PR2601133532797

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1153.80

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 56 OF 72
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STANLEY DENNIS

Mailing Address 1490 BENT CREEK DRIVE

City	State	Zip Code
SOUTHLAKE	TX	76092-9499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	4		

Transaction ID : PR2601169732797

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM KIEFER

Mailing Address 101 MAIN STREET NE #4

City	State	Zip Code
MINNEAPOLIS	MN	55413-4502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
SVP Strat Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	4		

Transaction ID : PR2605755632797

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LISA MARIE WERNER

Mailing Address 1941 HAVENSWOOD PLACE

City	State	Zip Code
BLACKLICK	OH	43004-8510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Behvrl Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	8			2	0	1	4		

Transaction ID : PR2606842832797

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

653.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 72
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL WEISSEL

Mailing Address 99 HAGEN ROAD

City
NEWTON

State
MA

Zip Code
02459-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : PR2606842932797

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.76

36827.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Jim Costa for Congress

Mailing Address 2037 W Bullard Avenue, #355

City Fresno	State CA	Zip Code 93711-1200
----------------	-------------	------------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. James 'Jim' Manuel Costa

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

State: CA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36854337

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Costa for Congress

Mailing Address 2037 W Bullard Avenue, #355

City Fresno	State CA	Zip Code 93711-1200
----------------	-------------	------------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. James 'Jim' Manuel Costa

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

State: CA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36854586

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Swalwell for Congress

Mailing Address PO Box 2847

City Dublin	State CA	Zip Code 94568
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Eric Michael Swalwell

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
---	--

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36854695

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Drive, Suite 222

City	State	Zip Code
McLean	VA	22101

Purpose of Disbursement
Contribution

011

Candidate Name

Blue Dog Political Action CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36855070

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE, 2nd F

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Democratic Congressional Campaign CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36855430

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE, 2nd F

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Democratic Congressional Campaign CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36855653

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 430 South Capitol Street SE, 2nd F

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

Democratic Congressional Campaign CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 36855740

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 120 Maryland Avenue NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Candidate Name

Democratic Senatorial Campaign CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : 36855896

Amount of Each Disbursement this Period

15000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kyrsten Sinema for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kyrsten SinemaCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: AZ District: 09

Transaction ID : 36856239

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

22500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kyrsten Sinema for Congress

Mailing Address PO Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kyrsten SinemaOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36856408

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott PetersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36856470

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Mailing Address PO Box 70980

City	State	Zip Code
Washington	DC	20024

Purpose of Disbursement
Contribution

Candidate Name

Rep. Scott PetersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36856861

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of John Barrow

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Jenkins BarrowOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857357

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Forward Together PAC

Mailing Address 201 North Union Street, Suite 300

City	State	Zip Code
Alexandria	VA	22314-2650

Purpose of Disbursement
Contribution

Candidate Name

Forward Together PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857363

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Mark Warner

Mailing Address 201 North Union Street, Suite 300

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Robert WarnerOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857365

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Pete Gallego

Mailing Address PO Box 1781

City	State	Zip Code
San Antonio	TX	78296

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Pete GallegoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857366

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address PO Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James 'Jim' Enos ClyburnCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857367

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tony Cardenas for Congress

Mailing Address 3700 Wilshire Boulevard, Suite 105

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tony CardenasCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857369

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Treasure State PAC

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement
Contribution

011

Candidate Name

Treasure State PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857370

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Walberg for Congress

Mailing Address PO Box 1362

City	State	Zip Code
Jackson	MI	49204-1362

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Timothy Lee Walberg

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: MI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857371

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. New Pioneers PAC

Mailing Address 228 S Washington Street, Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

011

Candidate Name

New Pioneers PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	
	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857374

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Mailing Address PO Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857398

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Mailing Address PO Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement
Contribution

Candidate Name

Rep. Peter RoskamOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857452

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

Candidate Name

National Republican Senatorial CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857455

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Pioneer Political Action Committee

Mailing Address 701 8th Street NW, Suite 500

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement
Contribution

Candidate Name

Pioneer Political Action Committee

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857472

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blaine for Congress

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement
Contribution

Candidate Name

Rep. Blaine Luetkemeyer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857473

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City	State	Zip Code
Topeka	KS	66601-1441

Purpose of Disbursement
Contribution

Candidate Name

Rep. Lynn Jenkins

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857484

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City
TopekaState
KSZip Code
66601-1441Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Lynn JenkinsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857516

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rely On Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

011

Candidate Name

Rely On Your Beliefs FundCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857518

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389-2667Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin McCarthyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857537

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. HellerHighWater PAC

Mailing Address PO Box 370672

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
Contribution

Candidate Name

HellerHighWater PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857569

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. New PAC

Mailing Address PO Box 7480

City	State	Zip Code
Visalia	CA	93290

Purpose of Disbursement
Contribution

Candidate Name

New PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857570

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Republican Party of Kentucky - Federal Account

Mailing Address PO Box 1068

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857571

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Bluegrass Committee

Mailing Address 220 1/2 E Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Candidate Name

Bluegrass CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857596

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Candidate Name

National Republican Congressional CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857597

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alamo PAC

Mailing Address 919 Congress Avenue, Suite 1400

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement
Contribution

011

Candidate Name

Alamo PACCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36857598

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 425 Second Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Transaction ID : 36859578

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Senatorial CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 425 Second Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Transaction ID : 36859581

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Senatorial CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

011

Transaction ID : 36859583

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Congressional CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 72

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

National Republican Congressional Committee

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Transaction ID : 36859587

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Chris Gibson for Congress

Mailing Address PO Box 255

City	State	Zip Code
Kinderhook	NY	12106

Purpose of Disbursement
Contribution

Candidate Name

Rep. Christopher P. Gibson

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

Transaction ID : 36904827

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Jordan for Congress

Mailing Address 1709 State Route 560 South

City	State	Zip Code
Urbana	OH	43078

Purpose of Disbursement
Contribution

Candidate Name

Rep. James Daniel Jordan

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: OH District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		27		2014

Transaction ID : 36904829

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 320 1st Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contribution

Candidate Name

The Freedom Project

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : 36904831

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road, Suite

City	State	Zip Code
West Chester	OH	45069-6628

Purpose of Disbursement
Contribution

Candidate Name

Rep. John Andrew Boehner

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OH District: 08

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : 36904832

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

162000.00
